

Name of Party or Representative

Address_____

Telephone_____

☐ **Claimant** or ☐ **Employer**

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____)	DOCKET NO. _____
)	
Claimant-Appell____,)	NOTICE OF APPEAL
)	
vs.)	
)	
_____)	
)	
Employer,)	
Appell____,)	
)	
and)	
)	
_____)	
)	
Insurance)	
Carrier-Appell_____.)	
_____)	

NOTICE OF APPEAL

Notice is hereby given that _____, pursuant to Hawaii Revised Statutes § 386-88 and Rule 3 of the Hawaii Rules of Appellate Procedure, appeals to the Intermediate Court of Appeals of the State of Hawaii from the Decision and Order of the Labor and Industrial Relations Appeals Board, filed on _____ and attached hereto as Exhibit A.

DATED: Honolulu, HAWAII, _____.

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was sent to the following parties by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address(es)

Dated: _____

Signed: _____

Print Name: _____